

FAX TRANSMISSION**RECEIVED
CENTRAL FAX CENTER****MS Amendment****SEP 23 2005****DATE:** September 23, 2005**PTO IDENTIFIER:** Application Number 09/331729-Conf. #2014
Patent Number**Inventor:** Frank Osan et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Ashley I. Pezzner

PHONE: (302) 658-9141**Attorney Dkt. #:** 05587-00343-US**PAGES (Including Cover Sheet):** 21**CONTENTS:** Fee Transmittal
Petition For Extension Of Time
Amendment In Response To Non-Final Office Action
Terminal Disclaimer by Applicant Attorney
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SEP 23 2005

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/331729-Conf. #2014 Filing Date August 26, 1999 First Named Inventor Frank Osan Examiner Name J. L. Dote Art Unit 1756 Attorney Docket No. 05587-00343-US	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 250.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
_____ - 20 = _____	x _____	= _____		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
_____ - 3 = _____	x _____	= _____					
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ - 100 = _____	/50	(round up to a whole number) x _____	= _____				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				<u>Fees Paid (\$)</u>			
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer				130.00			
1251 Extension for response within first month				120.00			

SUBMITTED BY			
Signature	<i>Ashley I. Pezzner</i>	Registration No. (Attorney/Agent)	35,646
Name (Print/Type)	Ashley I. Pezzner	Telephone	(302) 658-9141
		Date	September 23, 2005

PTO/SB/87 (09-04)

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Application No. (if known): 09/331729

Attorney Docket No.: 05587-00343-US

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